

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>9188</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>John</b> <b>Horton</b> P.O. Box, Bldg., Room No., if any Street <b>3250 Euclid Avenue</b> City <b>Cleveland</b> State <b>Ohio</b> ZIP Code + 4 <b>44115</b>	4. Name, file number, and address of labor organization. Name <b>Building &amp; Construction Laborers Local 310</b> Labor Organization File Number <b>042-007</b> P.O. Box, Building and Room Number, if any Street <b>3250 Euclid Avenue</b> City <b>Cleveland</b> State <b>Ohio</b> ZIP Code + 4 <b>44115</b>
5. Position in labor organization. <b>Field Representative Employee</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*John O. Horton Jr*

On

**8-12-05**  
Date

**216-881-5901**

Telephone Number

Name of Person Filing <b>John Horton</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Medical Mutual of Ohio</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. Box 239</b></p> <p>Street</p> <p>City <b>Litchfield</b></p> <p>State <b>Ohio</b> ZIP Code + 4 <b>44253</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Local 310 Fringe Benefit Funds, Inc.</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3250 Euclid Avenue</b></p> <p>City <b>Cleveland</b></p> <p>State <b>Ohio</b> ZIP Code + 4 <b>44114</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Health and Welfare Funds Claims Processing and Payment.</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$100,000</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>I attended a Concert and a Black College Allstar Basketball game in Spring 2004 I do not remember the price of the tickets.</b></p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>Local 310 Fringe Benefit Funds, Inc.</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3250 Euclid Avenue</b></p> <p>City <b>Cleveland</b></p> <p>State <b>Ohio</b> ZIP Code + 4 <b>44114</b></p>	<p>14.a. Nature of payment.</p> <p><b>The Fringe Benefits Funds paid for my travel expense because I am a fund trustee to attend the Segal Advisors Conference in San Juan.</b></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <b>\$2,541</b></p>

John Horton

C. Boyd Watterson  
1801 East 9<sup>th</sup> Street, Suite 1400  
Cleveland, Ohio

Nature of such dealing: 1/18/04 Meal --  
OrlandoPalm Restaurant. I did not see  
the bill and I do not know the price of  
the meal